

AIDRU

Application form to join AIDRU as associate fellow or full member

To be sent to: info@aidru.org

First and middle names:

Last Name/Family Name:

Title (Ms., Mr., Dr., Prof.):

Organization/Company:

Full academic/professional title:

Address/City:

State/Province/Country:

E-mail:

Phone number (not mandatory:

- **Curriculum vitae** (to be sent together with this application form)
- **Identity card document** (to be sent together with this application form)

Applying for (please tick in the box the AIDRU position for which you are applying):

- Associate Fellow (please see Annex 1 for further clarifications)
- Full Member

Please note that the above applications will usually be evaluated by the AIDRU Committee within 6 months starting from their submission.

Date, place

Signature